

# Pre-Authorization Request for Forensic Community Services

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To: \_\_\_\_\_ (Forensic Specialist)

From: \_\_\_\_\_ (CMHC or RMHI Forensic Coordinator)

Name of Defendant: \_\_\_\_\_ Social Security #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

We request approval for the following level of services:

**A. Level I – Follow-up of defendant found competent but with a mental illness  
(No Pre-authorization Required)**

**B. Level II – Requires additional intervention to complete evaluation**

- Physician services (medication management or consultation) \_\_\_\_\_
- Competency training sessions \_\_\_\_\_
- Other mental health assessment (i.e., specify \_\_\_\_\_) \_\_\_\_\_

**C. Level III – Competency Training/Maintenance for defendant charged with misdemeanor\***

- Misdemeanor charge \_\_\_\_\_
- Number of sessions requested (Maximum of 12) \_\_\_\_\_
- Recommended by \_\_\_\_\_ Mental Health Institute (Letter attached)

**D. Level IV- Court Ordered Competency Training/Maintenance for defendant charged with felony  
(T.C.A. §33-7-401\*)**

- Felony charge: \_\_\_\_\_
- Court granting approval: \_\_\_\_\_
- Date of initial appointment: \_\_\_\_\_

\_\_\_\_\_  
Date Received in Central Office

\_\_\_\_\_  
TDMHDD Forensic Specialist

Approved \_\_\_\_\_

Total # of Sessions Approved \_\_\_\_\_

Denied \_\_\_\_\_

Reason for Denial \_\_\_\_\_

\* Plan and/or court order to be submitted at the time authorization for payment is requested.